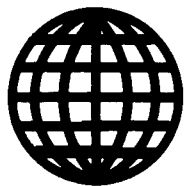


JPRS-TEP-93-009

3 May 1993

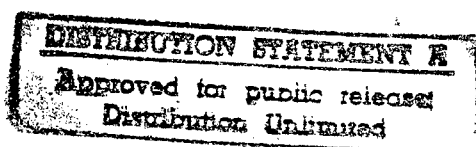


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# ***JPRS Report***

# **Epidemiology**

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19971229 034

# Epidemiology

JPRS-TEP-93-009

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## KENYA

### Cholera Outbreak in Busia District

93WE0254B Nairobi *THE KENYA TIMES* in English  
30 Nov 92 p 4

[Text] Busia public health officer, Mr. Charles Ojwang', has closed down all eating places in Bukoma, Bulemia, Obora and Buofu in Budalangi division of Busia District following a cholera outbreak in the areas.

Speaking in Busia town after visiting the anti-cholera campaign scheme operating in the division, Mr. Ojwang' said the situation had worsened due to people's failure to construct pit latrines and observe hygienic conditions.

The officer also banned fishing activities at Marenga, Maoya, Musoma and Osieki beaches until latrines are constructed. He advised residents of the affected areas to use treated water.

## NIGERIA

### Guinea Worm Eradication Proceeding Well

93WE0253A Lagos *THE GUARDIAN* in English  
17 Dec 92 p 16

[Article by Ben Ukwuoma]

[Text] The Guinea Worm Eradication Programme is on target to reach its goal of total eradication of Guinea worm disease by 1995. The number of reported cases decreased 31 percent from 394,351 cases in 1989-90 to 270,593 in 1990-91. This is the third consecutive year during which reported cases have decreased. Preliminary reports from 1991-92 monthly reporting show a similar rate of decrease for the period to about 210,000 cases. Nigeria's rural communities have experienced a decrease of 67.9 percent from the peak year in 1987-88 when 653,620 cases were reported to this year when fewer than 210,000 cases will be reported.

After four successive national case searches (the last three included intervention components), state programmes have trained Village-Based Health Workers (VBHWs) in each of the remaining 5,270 affected villages to focus all surveillance and intervention activities on these areas of persistent endemicity. The selection of the VBHWs was done by the Village Health Committee, village leaders, the State NIGEP Task Force and LGA Guinea Worm Coordinator. Training and provision of materials and supplies to undertake the surveillance intervention initiative was organized through the zonal and state structure that conducted the successful annual searches and interventions. This intensified approach (monthly surveillance, filter distribution/replacement, health education) is now being implemented in all endemic states. During the first round of VBHW training, trainees were given a flip chart on water filtration and trained to use the flip chart as an aid in educating villagers on the benefits and practical use of

filtering water. This training follows the distribution of over 200,000 square metres of monofilament nylon filter material to the states. Some states and LGAs have cut and sewn individual household filters for distribution by the VBHWs. In other areas, sewing machines (36) were purchased for individuals and groups to stimulate production. An objective for the 1992/93 transmission season is to distribute a filter to each household in all endemic villages and provide training to demonstrate its use and effectiveness. In addition to health education and filter distribution, VBHWs conduct individual health counselling for infected persons and programmes for the communities.

In addition to surveillance, health education and filter distribution, many VBHWs have received training in first aid care for Guinea worm ulcers so they can teach victims of the disease how to care for themselves. Assistance is still being sought for first aid kits to supply VBHWs. The use of chemical larvicide for infected water supplies will be initiated in late 1992 for selected villages according to be coordinator of the Nigeria Guinea Worm Eradication Programme Mrs. Lola Sadiq.

This village-based initiative requires an enhanced support (supervisory, logistics, transport, materials) structure to ensure that the programme activities are carried out properly and that the impact on disease transmission is monitored closely.

### Eight Die From Yellow Fever in Oyo

93WE0288B Lagos *THE GUARDIAN* in English  
20 Jan 93 p 28

[Article by Onajomo Orere and Yinka Fabowale]

[Excerpt] At least eight persons have died from an outbreak of urban yellow fever that hit Ibadan, the Oyo State capital in the last two weeks.

Yellow fever, a deadly germicidal disease, has a 100 percent fatality rate in its first wave of attack but diminishes to about six survivals out of 10 in subsequent attacks.

The present attack, said to have been reported by Prof. Oyewale Tomori's team at the University College Hospital (UCH), Ibadan, to the Federal Ministry of Health and Social Services (FMHSS), is causing senior health officials serious concern.

Following a telephone call to the office of Tomori a consultant virologist at UCH yesterday, *THE GUARDIAN* was informed that he was out on the field gathering more data and information on the extent of the outbreak. Tomori was also said to be expecting epidemiologists from the Federal Vaccine Production Laboratory, Yaba, Lagos, to rush in more vaccines.

UCH staff confirmed that eight of the 12 persons admitted so far had died.

They feared that more hospitals might have received additional cases yet to be reported to the UCH and the State Health Ministry.

Medical personnel at the UCH are now on alert.

Although they were not forthcoming with figures, the hospital authorities said reports from the vaccine laboratory in the last one week, suggested that a major yellow fever outbreak might be prevalent in the state.

"Right now, we are not too sure, but we have got a couple of highly suspicious reports from our virus laboratory—and since these people are resident in Oyo State, the safe thing to assume is that it (yellow fever) is in the state," the hospital director of clinical services told THE GUARDIAN yesterday. He confirmed only two—one referred from Baptist Hospital, Ogbomoso and another case detected during a post mortem.

As the Health and Human Services Ministry swung into action, an order was placed for 200,000 doses of yellow fever vaccines while officials in the ministry visited the hospital at least on two occasions to monitor the situation. [Passage omitted]

## ZAMBIA

### Cholera Spread To All Parts of Country

93WE0289B Lusaka TIMES OF ZAMBIA in English  
18 Jan 93 p 1

[Excerpt] Cholera has spread to all parts of the country with the total number of cases reported since the outbreak standing at about 10,000 while that of deaths at about 800, taskforce spokesman Dr. Roy Chimba said yesterday.

Dr. Chimba also said the Health Ministry dispatched K1 million said a consignment of drugs to Mazabuka where cases remained rising at the weekend while 200,000 anti-cholera tablets were expected from South Africa.

Dr. Chimba said 9,773 cases had been reported since last November while that of deaths was 766. He pointed out that more cases and deaths could have remained unreported due to communication problems from some parts of the country.

Cholera's fatality rate is running at 5.4 percent while the institutional case fatality rate is 3.9 percent resulting in at least four deaths per 100 victims under treatment at treatment centres.

Dr. Chimba said 54 percent of the cases out of the 9,771 were recorded on the Copperbelt, 35 percent in Lusaka, 5.7 percent in Southern Province and 2.6 in Luapula. Others are: Northern 1.0 percent, Central 0.7 and 0.06 for Western Province.

He said several cases have also been reported in Mumbwa, Kabwe rural and Eastern and North Western provinces in the past few days.

Dr. Chimba said the K1 million government sent to Mazabuka on Saturday was meant for fuel, food for patients, detergents and other logistics. [Passage omitted]

### Statistics on Cholera Deaths Issued

93WE0289A Lusaka ZAMBIA DAILY MAIL  
in English 21 Jan 93 p 5

[Text] A total of 793 people have died from cholera throughout the country since the outbreak of the disease in November last year.

According to statistics released by the Minister of Health to ZANA in Lusaka yesterday the highest death toll was recorded on the Copperbelt where 452 people died followed by Lusaka which had 201 deaths.

Luapula recorded 31 deaths, Southern 75, Northern 16, Central 10, Eastern 7 and Western Province had only one death.

The statistics also showed that a total of 10,364 cases were recorded over the same period with the highest figure again coming from the Copperbelt which had 5,289 cases and Lusaka with 3,759 cases.

Western Province had six accumulated cases, Eastern 20, Central 135, Southern 796, Northern 98, and Luapula 261.

A breakdown of deaths from January 1 to 19 this year showed that out of 97, Lusaka recorded the highest figure of 61 and Southern Province had 24 deaths.

### Anthrax Outbreak in West Contained

93WE0289C Lusaka TIMES OF ZAMBIA in English  
4 Jan 93 p 2

[Excerpt] Government has contained the recent outbreak of anthrax which claimed several animals in Western Province, it was learned in Lusaka at the weekend.

The fatal disease broke out last month in Sesheke, Lukulu, Mongu and Kalabo, but following mass vaccinations the scourge had been controlled.

"The occurrence of anthrax in the province seems to have subsided after a number of measures were taken," a statement from the Ministry of Agriculture said.

But no figures were given for the animals which had died from anthrax. Finance and material support continued to flow to provincial veterinary officers to combat the scourge. [Passage omitted]

## ZIMBABWE

### Ten Percent Are Hepatitis B Carriers

93WE0251B Harare THE HERALD in English  
18 Nov 92 p 1

[Text] Ten percent of Zimbabweans are chronic carriers of Hepatitis B virus which is the single most important cause of liver cancer.

Briefing journalists in Harare yesterday, the director of the Hepatitis B Immunisation Programme, Dr. Olyseye Obatolu, said Zimbabwe was among countries with the highest prevalence rates of Hepatitis B in Africa.

The disease could be transmitted through child bearing, the exchange of blood, sweat, tears and saliva. Most children below the age of five years were said to have a high risk of becoming carriers.

Dr. Obatolu said a programme to immunise children under the age of five was the only effective means to control the disease and the vaccination programme would be launched early next year.

NCR Zimbabwe gave \$1.2 million to finance the Hepatitis B vaccination programme.

Present at the press conference were the vice-president of NCR Corporation, Mr. Tony Fano, who is in Zimbabwe on a familiarisation tour of Africa, and managing director of NCR Zimbabwe Mr. Glem Lucas and other company officials.

The project would be implemented by the Department of Maternal and Child Health and Family Planning in the Ministry of Health and Child Welfare.

### Cholera Under Control in Mashonaland Central

93WE0290F Harare THE HERALD in English  
12 Jan 93 p 1

[Excerpt] Cholera, which has caused untold suffering and deaths along the eastern border is now firmly under control in Mukumbura, Mashonaland Central, with the number of cases being reported to clinics having dropped by 90 percent in the past week despite acute drug shortages.

At least 40 Ministry of Health and Child Welfare health inspectors and several army medics have been deployed in the area in an all-out war against the epidemic which is spreading from Mozambique and has claimed about 40 lives in the district and over 74 countrywide.

Health workers in the district said at the weekend that they were now treating two or three cholera patients a day compared to about 25 a day during the period before and after Christmas.

One of the health workers, Corporal Ranganai Mubaya of the Zimbabwe National Army's parachute field ambulance unit, said: "We are getting on top of the cholera menace and chances are the disease can be totally wiped out."

"What we need desperately now are antibiotics for food poisoning. We are also operating on meagre anti-cholera supplies. But, we have put out an urgent call for fresh supplies." [Passage omitted]

### Cholera Epidemic Deaths 120 Thus Far

93WE0290D Harare THE HERALD in English  
13 Jan 93 p 1

[Text] Cholera has killed 120 people so far and 2,403 people have been diagnosed as infected with the disease since the outbreak was first identified six weeks ago while hundreds more are threatened if basic hygiene is not observed.

Fresh reports are from Porta Farm near Norton where one patient was reported and who is receiving treatment in the capital together with three from Mt. Darwin and one from Mozambique.

Outbreaks were reported in Chipinge, Chimanimani, Mutare, Mt. Darwin, Rushinga, Centenary, Bindura, Chiredzi and Bikita. Two cases were reported in Mashonaland East recently in Nhowe. The two had travelled to Tongogara Camp to sell food.

The Minister of Health and Child Welfare, Dr. Timothy Stamps, told reporters in Harare yesterday that two-thirds of the reported cholera cases were from the refugee camps along the Mozambican border.

The Government had facilities to cope in the event of a major outbreak. "We have the capacity to treat large numbers of patients adequately, though less than 1 percent of them would die. We are, however, not ready to cater for thousands of people."

But it was not sensible for the Government to pour money into the provision of additional medicines for a disease which could be easily prevented. "We have got to make individuals more responsible."

Serious outbreaks were now feared at Mazowe refugee camp and the Middle Save Ada estates and Manjire, both near Tongogara camp.

"There is a strange outbreak at St. Joseph Farm in Chiredzi, where out of three confirmed cases two died." The other areas of grave concern were Bikita and Bindura, where farmers were hiring casual labourers mostly from Mozambique.

"Farmers understand the real risks of hiring these people and in addition they know that it's illegal to employ such people."

Last week Dr. Stamps appealed to the Commercial Farmers' Union to stop the practice but "it appears it was not considered as important."

He predicted the next outbreak would be in Binga where there are unrestricted commercial relations with Zambians. The main trade item is fish which is among those foods that can harbour cholera bacteria.

Dr. Stamps blamed the first outbreak at Tongogara camp on lack of adequate communication between health officials in his ministry and refugee agencies, the refugees' attitudes towards chlorination, and insufficient sanitation to cope with the increased daily influx at the camps.

### Refugee Camp Has High Cholera Death Rate

93WE0290E Harare THE HERALD in English  
15 Jan 93 p 7

[Text] Bindura—The cholera fatality rate at Mazowe River Bridge refugee camp is so serious that people who contracted the deadly disease are dying in 24 to 48 hours.

In an interview, Mashonaland Central medical director Dr. Richard Munochiweyi said the mortality rate at the camp which had a population of 35,000 was above 7 percent. This was unacceptable.

"We would like to see this alarming mortality rate reduced to 1 percent," Dr. Munochiweyi said.

The major cause of the high fatality rate was because the main water supply equipment broke down and it was so old that it was difficult to repair.

It would take a month to restore an adequate main water supply. So long as the pump was not fixed the cholera epidemic would continue to spread at the camp, he said.

"Eleven boreholes have been sunk as a matter of urgency, but these are inadequate for a population of 35,000 in the camp. Some continued to use the dirty water in Mazowe River avoiding long queues of water at the boreholes," Dr. Munochiweyi said.

Eight hundred cholera cases have been reported at Mazowe River Bridge camp and more than 50 people have died. The figures were by far the highest in the province, Dr. Munochiweyi said.

Mt. Darwin was another district hard hit by the epidemic with a total of 528 identified cases and 33 deaths.

Mukumbura had 86 identified cases and five deaths, with two dying at the clinic while the other two died at home.

Kamutsenzere in Mt. Darwin was another affected area with 175 cases and 19 deaths.

Most cholera deaths occurred at Mutasa Village where 17 people died and one family was completely wiped out, Dr. Munochiweyi said.

Kaitano Village, also in Mt. Darwin district reported 270 cases and nine deaths, with seven deaths occurring at home and two at the clinic. Pachanza had nine cases with one death.

Although there were many reported cases in Mt. Darwin, Dr. Munochiweyi said the epidemic was scaling down in the district. The major worry was Mazowe River Bridge camp.

Major problems encountered in efforts to eradicate the cholera epidemic were lack of enough doctors and nurses, poor communication due to washaways in the communal lands and transport problems.

The Central Mechanical Equipment Department did not have a depot in Bindura and therefore all vehicles were serviced at Workington in Harare.

"We need our own depot in Bindura to service our own fleet," Dr. Munochiweyi said.

One major problem was the movement of aliens in the province. Dr. Munochiweyi said commercial farmers needed to be sensitised on the dangers of employing aliens such as Mozambicans for cheap labour.

Dr. Munochiweyi commended the air force and the army for supplying medics.

"We believe that with a proper community education, provision of clean water supplies would go a long way in stopping the spread of the epidemic.

"The local community should be assisted in building Blair toilets and drill more boreholes as this would help us win the battle against the epidemic," said Dr. Munochiweyi.

### Fifty Thousand Hectares Infested With Armyworm

93WE0290C Harare THE HERALD in English  
9 Jan 93 p 1

[Excerpt] Almost 50,000 ha of grain crops have been infested with armyworm since the first outbreak three weeks ago and the Government has rushed sprays and chemicals to all provinces to fight the voracious creature threatening Zimbabwe's harvests.

Addressing journalists in Harare yesterday, the Deputy Secretary (Technical Services) for Lands, Agriculture and Water Development, Dr. Shadreck Mlambo, said the Government was making every effort to ensure that necessary chemicals and equipment were available, especially to communal farmers, throughout the country.

Large-scale commercial farmers have been asked to use their own resources for the armyworm control. These farmers own suitable equipment and have easy access to the insecticides. Many communal farmers, especially those who do not grow cotton, need to borrow sprays and need help to obtain the chemicals.

The first outbreak was reported in the Zambezi Valley and Tengwe areas near Karoi a week before Christmas. Severe outbreaks have been reported in Muzarabani, Hurungwe, Filabusi, Lupane, Binga, Mutare and Gwanda.

Dr. Mlambo said: "I must admit we were caught unaware. However, contingency plans were in place and we have sent out to every province equipment and chemicals in anticipation of outbreaks in areas so far free of the worm."

He was convinced that the country had enough spraying equipment and chemicals to control the present outbreak of the African armyworm.

"Presently the outbreak has not assumed that proportion to qualify as a national disaster. But we cannot rule out that this can happen in the future."

Speaking at the same Press briefing Acting President Nkomo called on the nation to be on the look-out for the devastating caterpillars. Dr. Nkomo said the threat posed by the armyworm looked more serious than last year's drought.

"As Government we are stressing that everyone must be alert and move fast to stop this dangerous worm threatening to cause us another food shortage disaster.

"People should report any suspicious worm-like creatures to Agritex officers before they drown our hopes for a good harvest this season."

Armyworms are small velvety black caterpillars with fine yellow or white lines on the sides and top of their bodies. Below they have pale green lines. The worms, that feed on blades of grass and cereal crops like maize and sorghum, normally move in groups or armies.

They move very fast and can spread over a large area in a short time. The creatures multiply very quickly with one adult moth laying up to 300 eggs at one time.

The moths are blown into Zimbabwe by winds coming from the north and land where there is convergence. The present weather pattern is thus ideal for infestation.  
[Passage omitted]



## ALGERIA

**Viral Hepatitis at School**

93WE0262A Algiers LE SOIR D'ALGERIE in French  
2 Feb 93 p 3

[Article by APS: "Case of Viral Hepatitis Discovered"]

[Text] The director of public health and social protection for the wilaya of Algiers held a meeting on Sunday with the parents of pupils at the Mixed School of Anassers (in Algiers, school population 800) to inform them of the epidemiological situation following the discovery of a case of viral hepatitis at the school, according to a communique issued by the wilaya of Algiers.

The investigation routinely prescribed in such situations has uncovered 18 other cases among absent students, the communique adds.

The meeting was organized by the epidemiology and preventive medicine service of the Hussein-Dey health district, in order to provide parents of school children with information about the disease and give them useful advice on prevention.

With regard to the child's suspected case of mild viral hepatitis (probably type A), there is no information yet to confirm the death of the six-year-old student, whose infection was reported two days earlier, because no child has been hospitalized and the school is operating normally with its 771 students, the communique indicates. Responding to questions asked by some parents about the possible closing of the school, health authorities say closing an establishment where such cases appear is not indicated, according to the communique. The meeting also provided an opportunity to inform students' parents what steps have been taken: augmentation of the medical and school hygiene teams at all schools on the Anassers plateau, disinfection of the establishment by specialists at the commune level, and preparation and distribution to parents of a handout on the infection that discusses clinical symptoms, treatment, modes of transmission, and prevention.

These public health measures, along with other steps such as taking swabs and conducting virological tests, as well as chlorination of water in the district, should eradicate the outbreak quickly.

**Water 'Plausible' Cause of Viral Hepatitis**

93WE0306A Algiers EL WATAN in French  
11 Feb 93 p 17

[Article by Mohamed Saad: "Water: Questionable Purification?"]

[Text] A few weeks ago, five cases of viral hepatitis at the primary school in the Anassers housing development in Kouba caused a commotion among pupils, teachers, and parents. The presumed reason for the contamination was that the water at that school was not fit to drink. The

water was tested, however, and it turned out to be perfectly suitable for consumption. Can it be said, then, that the water distributed by the EPEAL [expansion not given] and consumed by the public throughout the day does not present any danger?

It was precisely in order to learn more about this subject that we contacted water treatment experts at the EPEAL's main office and followed the various tests performed on the water from its arrival in the raw state to its consumption by the public.

It should be pointed out in this connection that unlike underground water, which requires only one disinfection before its consumption, surface water undergoes preliminary treatment at the Boudouaou plant, where specially designed laboratories exist for conducting daily tests on raw water and removing "undesirable" matter.

Water is treated by applying very specific quantities of chlorine for oxidation and the elimination of salts: "to eliminate those colloidal substances," we were told by Nait Cherif of the EPEAL laboratory in Kouba. "Carefully determined doses of sulfuric acid, aluminum sulfate, and polyelectrolytes are needed." Sedimentation is next, followed by sand filtration to further purify the water before final disinfection in the first stage. That first stage at the Boudouaou plant is the most important, since the other stages are for maintaining water quality and making minor adjustments.

Once disinfected at Boudouaou, the water is transported to the reservoirs in the Alger Governorate and neighboring areas to facilitate its distribution to customers. During the trip, it undergoes further chlorination to protect it from waste water along the way, and chlorination is then applied once again in the reservoirs before final distribution to customers. According to Nait Cherif, "all those tests and treatment processes are perfect evidence of the meticulous care with which we work to ensure that the water meets the physicochemical and bacteriological standards for drinking water."

But many citizens complain about the poor quality of the water distributed to their homes and worry about a situation that is beyond their control. The massive presence of limestone is one example among many others.

In Nait Cherif's opinion, "it is underground water, which is disinfected only once, that contains limestone, but the public can be reassured concerning that substance, which has no effect at all on the health of consumers, although it is harmful to the pipes. As for complaints by the public, which are relatively numerous, by the way, it can be said that once the EPEAL's technicians are alerted, they find situations at the site of the complaint that are not the EPEAL's responsibility. Sometimes the technicians find that the cellars in the buildings concerned are completely flooded with waste water, a situation resulting in the appearance of bacteria, which naturally pollute the water. It is therefore essential," he added, "to clean the cisterns that are often used

by the public. Water stored in cisterns automatically becomes polluted. Those situations are difficult to correct, and they are often beyond our control. It is therefore up to the citizens to pay closer attention." According to EPEAL officials, then, the water distributed by their firm to customers in the capital and neighboring governorates is completely up to standard.

But the public is continuing to complain without really knowing where to turn, since all the agencies involved (the OPGI [expansion not given], the municipality, the EPEAL, and so on) keep passing the buck to each other, much to the public's displeasure.

### Leishmaniasis Epidemic in Bechar

93WE0314A Algiers *EL WATAN* in French  
24 Feb 92 p 3

[Unattributed article: "Bechar: Leishmaniasis Epidemic"—first paragraph is *EL WATAN* introduction]

[Text] During 1992, 114 cases of Cutaneous leishmaniasis, "Bechar boils" in doctors' jargon, were reported in the Bechar governorate, of which 65 were in the Abadla district alone, we learned from the Health Directorate. This infection is transmitted to man by insects (Phlebotomus).

"In fact, the Abadla and Biskra districts are the two major centers of proliferation of the disease. For instance, of the 218 cases reported in 1991 in the Bechar governorate, 159 were located in Abadla," the APS learned from Mr. Bouras Abdelkrim, a member of the National Committee for Leishmaniasis Control set up by the Ministry of Public Health recently, when the disease started to spread in the country.

In addition, the disease has now reached areas like Bechar, Kendaza, Lahmar, Mougheul, Beni-Ounif, and Boukais, which had been spared in the past.

Last year, health departments reported 23 cases of leishmaniasis in these six towns and villages; in 1991, 52 cases were reported. The proliferation of the disease in these northern areas of the governorate is due to the development of cucurbit culture (melons and watermelons) that are harvested in Abadia and sold in these areas.

In addition, the marked deterioration of environmental hygiene and the poor maintenance of sewage disposal networks in these built-up areas, also contribute to the emergence of the disease.

"The wadis that carry sewage all flow into the Saoura wadi, which in turn flows through all towns and villages in the Bechar governorate; hence the risk of large-scale proliferation of the disease," Mr. Bouras Abdelkrim told us.

We also learned that a national leishmaniasis-control system will soon be set up to control the disease, which begins to take on alarming proportions.

At present, in the Bechar governorate, health authorities have taken appropriate measures to check the disease.

As a result, field teams of specialized agents provided with the necessary equipment to control cutaneous leishmaniasis have been sent on location. (APS)

## INDIA

### Rinderpest To Be Eradicated by 1998

93WE0305A Calcutta *THE STATESMAN* in English  
19 Feb 93 p 11

[Text] New Delhi, Feb. 18—The Rs 350-crore campaign to eradicate rinderpest among cattle has gathered momentum and the disease will be wiped out of India by 1998, reports PTI quoting authorities.

About 800 million doses of vaccine will be consumed and 200 animals vaccinated every year for three years beginning 1994 in the world's largest programme, "Operation Rinderpest Zero," launched two years ago following an agreement between the Indian Government and the European Economic Community.

The eradication of rinderpest virus will result in major economic gains for farmers and owners of livestock and boost export of meat and animal products, according to veterinary experts of the Agricultural Ministry.

"This campaign is the final thrust to eradicate this disease that continues to persist in India despite control measures initiated since 1954," a spokesman for the Ministry said.

The EEC is providing about Rs 150 crores, the Union Government Rs 41 crores, and the State Governments are giving Rs 165 crores.

The first phase is almost over and the "eradication phase" will begin later this year. By 1997, every susceptible animal in India will have been vaccinated against rinderpest, officials said.

All vaccinated animals will be permanently and visibly distinguished from un-vaccinated animals "by the removal of a clover-leafed ear notch."

Some 25 laboratories being set up throughout India will only monitor the blood of animals to ensure they have been protected against rinderpest.

According to officials, Andhra Pradesh, Goa, Maharashtra, Karnataka, Kerala and Tamil Nadu constitute the endemic zone where animals continue to die of rinderpest.

Officials said all States in the Northeast that had remained free of rinderpest for several years were "in a position to make a declaration of provisional freedom from this disease."

There are some States where rinderpest is not present, but can potentially acquire the disease from the bordering endemic zone. These States include Bihar, Haryana, Jammu and Kashmir, Gujarat, Madhya Pradesh, Orissa, Punjab, Rajasthan, Uttar Pradesh and West Bengal, officials said.

They said that in these States all cattle and buffaloes to a depth of 25-km along the inter-State borders would be vaccinated.

The entire quantity of the vaccine required for the rinderpest campaign is available in India and need not be imported.

### **Diphtheria in Moscow**

93WE0192A Moscow KURANTY in Russian  
3 Dec 92 p 2

[Article by Andrey Kirillov: "We Fear AIDS But Ignore Diphtheria"]

[Text] Just yesterday Moscow's emergency medical service ambulances took 10 persons with a "diphtheria" diagnosis to the hospital.

It was reported to this KURANTY correspondent at the Moscow Public Health and Epidemiological Service that the number of diphtheria cases in the capital doubled in each of the last three years. For example in 10 months of this year, 800 cases were registered among children, 22 of which ended in death.

Doctors associate this "diphtheria activity" with the general incompetency of the population in matters of public health, as well as with universal "AIDS-phobia." People are afraid to get immunizations for themselves and their children, even though they are given in Moscow exclusively with disposable syringes, and free of charge. The most serious concentration of morbidity has been registered in large families, as well as among persons belonging to the risk group—public food services, trade and construction workers—those with extensive contacts with the public.

By the way, in the late 1970s and the 1980s diphtheria was registered just two or three times each year in Moscow. There was no talk of AIDS in those days.

### **Diphtheria in Krasnoyarsk**

93WE0259A Moscow IZVESTIYA in Russian  
26 Dec 92 Morning p 1

[Article by Aleksey Tarasov: "Diphtheria and Typhoid Fever in Krasnoyarsk"]

[Text] Fifteen cases of typhoid fever were registered in Krasnoyarsk in the last two months.

Doctors see consumption of bad water from the Yenisey and from dacha springs as the cause. The incidence of diphtheria increased in the city six times in comparison with last year. Over half a hundred cases of this ailment have been registered, and two persons have died.

### **Threat of Diphtheria Epidemic in Aktau**

93WE0259L Moscow KOMMERSANT-DAILY in Russian 12 Feb 93 p 14

[Text] The threat of a diphtheria epidemic hangs over the city of Aktau on Mangyshlak Peninsula. Around a dozen cases of severe illness were registered here, two of which ended in the death of the patient. In the opinion of specialists, the diphtheria outbreak is associated with refusal of most of the city's residents to undergo preventive vaccination. Medical personnel fear that diphtheria will spread from Aktau to other population centers, and

then the situation will go out of control. Their prognosis is not without grounds: Rural regions on Mangyshlak Peninsula are now behind 30-40 years in standard of living and degree of development of public health.

### **Political Instability, Refugees Increase Disease Incidence**

93WE0192F Moscow IZVESTIYA in Russian  
11 Jan 93 p 6

[Article by Lidiya Ivchenko: "Things Could Be Worse With Infections"]

[Text] The prediction of an avalanche of infections coming down upon Russia has fortunately not come true. Such was the conclusion reached in the work of the State Committee for Public Health and Epidemiological Inspection. On the contrary the incidence of the principal infections, ones such as dysentery, paratyphoid, hepatitis, brucellosis and whooping cough decreased, although there were serious grounds for another prediction (and they still exist).

A poor diet, owing to which the body fails to receive sufficient proteins and vitamins and immunity weakens, and stressful situations, of which there are now more than enough in society, also affect resistance. To add to this, the economic slump has led in particular to a shortage of water treatment reagents, as a result of which intestinal diseases are breaking out here and there due to contaminated tap water. Still, in 11 months of the past year 32 percent fewer cases were recorded than in the preceding comparable period.

The fact is that infection was expected. Medical personnel were on guard, and it did not catch them unawares.

"Things were very hard for our service, very hard," said Yevgeniy Belyayev, chairman of the State Committee for Public Health and Epidemiological Inspection. "But the appropriate work was done in the society. Physicians of the public health service, pediatricians and infection specialists worked a great deal, especially to contain disease foci and outbreaks. As is true of all medicine, we lack many things, you see—equipment, money, transportation."

Despite the generally encouraging figures, the picture regarding specific indicators is in no way a bright one. The incidence of diphtheria increased abruptly, by more than twice, due to the "anti-immunization" campaign in certain newspapers.

"Our hope is that we will be able to halt the growth of diphtheria; people have come to understand the importance of immunizations. In St. Petersburg for example, the number of immunized adults has doubled. A major state immunization program enjoying government support has been prepared. We are counting on seeing a decrease in diphtheria morbidity in the new year."

The number of "exotic" illnesses such as Q and hemorrhagic fever, tick-borne typhus, tularemia, rickettsiosis and others has grown. Specialists explain this by activation of the world's natural infection foci that identically afflict both the wild animal world and man. But there is a group of diseases that are directly associated with social causes, and their percentage has also risen in our difficult times. Public health and epidemiological service organs are especially alarmed by tuberculosis, which is being "supplied" in abundance by the destitute and ex-convicts. Tuberculosis agent is now growing active throughout the entire world, and new strains resistant to existing pharmaceuticals have appeared. The reduced immunity of the Russian population, the poor diet and worsening of the ecological situation bring about the death of around 10,000 persons a year due to tuberculosis. Fortunately children are being shielded from this disease by vaccinations, and growth of tuberculosis among children is slight. But it still is there.

The "sexual revolution" that the West recently experienced and which is reaching its peak here in our country has led to the spread of venereal diseases. The incidence of syphilis has increased by 78 percent, while that of gonorrhea has increased by 26.

"This is colossal growth!" said the chairman of the state committee. "And parallel to this we have AIDS, which does not reveal itself right away. Statistics on HIV infection are currently more favorable because a barrier to its spread within hospitals has been erected. We should expect a jump in AIDS, but somewhat later, and mainly in the risk groups."

Accumulations of people fleeing regions of military activities and their unsanitary living conditions have evoked mass occurrence of scabies and pediculosis (infestation with lice). Around 300,000 cases of pediculosis have been recorded (primarily among children), and even this figure is said to be severely understated by the State Committee for Public Health and Epidemiological Inspection, since as a rule pediculosis is revealed in organized collectives, while others do not see doctors unless the condition is unbearable. Measures are being taken to fight pediculosis, though the state committee believes that they are clearly insufficient. There are not enough pharmaceuticals, and the elementary hygienic conditions are absent. An attempt was made in Nazran for example to subject refugees to personal cleansing in disinfection units such as mobile bath-laundries, but currently the weather does not permit this—the people could catch colds. An agreement was reached with a cooperative bathhouse, which will receive refugees on particular days. The epidemiological inspection service is resolute: If necessary, the activities of privatized baths and saunas, which have now transformed into massage parlors and various sorts of amusement establishments, will be stopped, and they will be forced to work as originally intended. Otherwise it won't be long before typhus makes its appearance. Isolated cases of typhoid fever have already been noted in Russia.

The epidemiological service is to intensify its efforts in the new year in those directions in which unfavorable trends can be discerned. It has now been given greater rights, and it is exercising them. A fundamentally new document has been drafted on compensation for damage to health by an entrepreneur guilty of producing poor-quality products or polluting the environment. Now every citizen has the right to present his bill to a culprit and demand compensation for damage to his health.

### Chernigov Water Monitored

93WE0192H Kiev *RABOCHAYA GAZETA* in Russian  
2 Dec 92 p 4

[Article by Aleksandr Oleynik: "Health of Water Basins Monitored"]

[Text] Encouraging water tests that have recently not been detecting any radioactivity exceeding the established levels are not lowering the guard of the inspectors. The role of the latter is being played in Chernigov Oblast by specialists of the land reclamation and water resources production administration. To the towns of Dneprovskiy and Spasskiy, near which samples are constantly being taken from the Dniepr and Desna, they have added Chernigov. Inhabitants of the oblast center must know how the charmed Desna is feeling after the Chernobyl Nuclear Power Plant disaster.

Over 8,000 samples have been taken since 1986. In the beginning the tests were conducted for total beta-activity, while since last year laboratories in Kiev and Chernigov have been analyzing water for its cesium-137 and strontium-90 content. Special attention is being devoted to ponds, lakes and rivers in regions where the atmospheric radioactive background increased to the greatest extent following the Chernobyl misfortune. Not only the water but also mud deposits on the bottom of water basins are being checked.

The research is to be continued into next year as well, for which purpose the Ukrainian Ministry for Protection of the Population From the Aftermath of Chernobyl should allocate money. Everyone knows, after all, what the loss of vigilance and the excessive trust shown in the peaceful atom cost in April 1986.

### Epidemiology Official on Deteriorating Public Health

93WE0194B Moscow *NEZAVISIMAYA GAZETA*  
in Russian 24 Sep 92 p 6

[Interview with Anatoliy Monisov, deputy chairman of the Public Health and Epidemiological Inspection Committee, by correspondent Andrey Bayduzhiy; place and date not given: "...Plus Vaccinating the Entire Country: Could Immunizations Violate Human Rights?"]

[Text] The problem of preventive vaccinations has recently found itself at the center of attention of not only scientists but also the public at large. A number of

specialists have spoken in favor of rejecting mass immunizations of the population against infectious diseases. At the same time the recently adopted law "On the Epidemiological Well-Being of the Population" foresees mandatory vaccination of children against tetanus, poliomyelitis, tuberculosis, whooping cough, measles and diphtheria. The question of state policy in the area of preventive vaccinations was discussed recently at a joint board meeting of the Russian Academy of Medical Sciences, the Ministry of Health and the State Committee for Public Health and Epidemiological Inspection. Anatoliy Monisov, deputy chairman of the Committee for Public Health and Epidemiological Inspection, answered questions posed by a NEZAVISIMAYA GAZETA correspondent.

**Bayduzhiy:** It is no secret to anyone that the epidemiological situation in the country is worsening. To see this to be true, simply look at the streets of our cities. But what are the specific figures in this area?

**Monisov:** They are extremely disquieting. Ninety percent of Europe's polio cases and 95 percent of its diphtheria cases have been registered in the CIS, where a third of the total European population lives. Whooping cough and diphtheria morbidity doubled in Russia in comparison with 1985. The most troubling situation is developing in the large cities. For example while there was not a single case of diphtheria in Moscow in 1968-1975, last year as many as around a thousand were noted. A third of all Russia's diphtheria patients have been registered in two cities—Moscow and St. Petersburg, and the situation is evaluated by specialists here as the beginning of an epidemic.

Growth of the incidence of infectious diseases is evoked primarily by the sharp decrease in scale of vaccinations of young children. Only 68 percent of them have been immunized against diphtheria, 60 percent against whooping cough, and 71 percent against polio, and these indicators continue to worsen.

**Bayduzhiy:** But the opinion exists that in today's unfavorable ecological conditions, not only are the vaccines currently in use ceasing to produce the desired result, but on the contrary they weaken the organism and lead to harmful side effects.

**Monisov:** Statistics show that complications following immunizations make up only a small fraction of a percent of the total number of immunizations: In 1991, there were only 446 such cases, and not one of them ended in death. At the same time, each year in Russia around 20,000 persons get measles and 16,000-40,000 get whooping cough, and of every 100 children who are not immunized and who get diphtheria, 12-15 die. Under these conditions it makes absolutely no sense to reject immunizations. As far as any recent decrease in the effectiveness of vaccines is concerned, we have no scientific data to this effect. It would be more proper to say that the reduction has occurred not in the effectiveness of the vaccines but in human immunity. Worsening

of the dietary structure and pollution of the environment have caused immune status to decrease, especially in children. On the contrary under these conditions vaccination is the sole and most dependable method of preventing the most dangerous infectious diseases. The problem today is to see that immunizations are given not only to all children, but also to all persons in adult risk groups, particularly teachers and public transportation drivers. And in the future, we should see to it that the entire adult population would be immunized once every 10 years.

**Bayduzhiy:** Academician Pokrovskiy, president of the Academy of Medical Sciences feels that it would be impossible to conquer diphtheria by means of existing antidiphtheria vaccines, which do not keep people from becoming carriers of diphtheria bacteria.

**Monisov:** Yes, it is true that while the vaccine against diphtheria makes the individual insusceptible to toxins produced by the diphtheria bacillus, it does not keep him from becoming a carrier of diphtheria bacteria. While an immunized child may not contract the severe form himself, he may be a carrier of infection, creating a danger to others. We are now finishing work on a world-unprecedented antibacterial vaccine that will not only ensure insusceptibility to infection but also destroy the vectors. It is currently undergoing clinical testing at the Moscow Institute of Epidemiology and Microbiology, and it may possibly be ready for use by 1994-1995. However, the experience of developed states shows that diphtheria can be fought successfully by available vaccines as well: As an example it has been eliminated in 26 European countries.

**Bayduzhiy:** The law "On the Epidemiological Well-Being of the Population" has established mandatory immunizations for children against six infectious diseases. A fine may be imposed for violating this statute by a decision of a public health physician. Even stricter "responsibility of parents for refusing to immunize their children and of medical workers for not carrying them out on schedule in the absence of justified medical indications" is foreseen by the law "On Preventive Vaccination," currently being drafted. However, under conditions in which even the most minimal probability of complications following immunizations exists, and there is no mechanism of compensating for damages inflicted to health as a result, the grounds for depriving parents of the right to refuse to immunize a child raise doubts. And even from the standpoint of human rights and individual freedom, these legislative acts are extremely questionable.

**Monisov:** Yes, in discussing the law on epidemiological well-being in the Supreme Soviet, we did in fact have to deal with the objections of a number of deputies who asserted that the law violates human rights. But its developers base themselves on the notion that in this situation, the right of the society consisting of the overwhelming majority of the population to be healthy holds priority. And the lawyers agreed with us. By the way, it should not be thought that our country is the only one

with mandatory medical immunizations and responsibility for evading them. This policy is foreseen in many countries of the world, for example in Finland, but owing to competent medical propaganda, no one there is protesting against this.

When it comes to the medical aspect of the matter, 90 percent of the complications could be avoided by properly preparing the child for immunizations. Rather than carefully preparing the child for immunizations, many pediatricians in our country simply prohibit them in relation to all children of weak constitution. The law should help us fight such cases of unjustified waiver of immunizations.

**Bayduzhiy:** In August Moscow's chief public health physician published an order prohibiting the capital's children's preschool institutions from accepting unimmunized children. A similar provision also exists in the draft law on preventive vaccinations. Measures of such strictness are not even implemented in relation to AIDS patients. Isn't this a little too strict?

**Monisov:** AIDS is absolutely different from infectious diseases that are controllable by specific preventive resources: While an AIDS patient who observes a number of conditions will not infect others, an unimmunized child presents a real danger to the health of anyone with whom he communicates. And we are obligated to take steps to limit the spread of infection. It never comes into anyone's mind to protest against placing cholera or plague patients into a hospital isolation ward, or imposing a quarantine in the event of an infection outbreak. Still, let me emphasize that the committee is placing its main reliance not on compulsory measures—so far, no one has been punished yet in Russia for refusing immunizations—but rather on extensive medical propaganda and public education.

**Bayduzhiy:** According to the medical insurance law, beginning next year only children will get free immunizations, while adults will now have to pay for them. Given the population's low income level, won't this sharply reduce the scale of vaccinations and correspondingly increase the incidence of infections?

**Monisov:** Such a danger exists, and we are working with the Ministry of Health on a proposal to reexamine this provision of the law. All the more so because even quite recently, the state has opted for much more expensive measures, the effectiveness of which has been much lower: Each year around 20 million persons were immunized just against influenza alone. The economic losses from growth of infectious morbidity will turn out to be many times greater than what is saved on the vaccines. Immunization must be free of charge, and we will insist that the government allocate additional money for these purposes.

### Radioactive Meat in Chita

93WE0259B Moscow *RABOCHAYA TRIBUNA*  
in Russian 10 Feb 93 p 2

[Article: "Radionuclides Buried In Stomachs"]

[Text] Chernobyl's malevolent wake has reached even to Chita Oblast, so far away from Ukraine—such was the stunning announcement made in the newspaper KOMSO-MOLETS ZABAYKALYA by Vitaliy Ignatyev, director of the radiation hygiene department of the oblast center of the State Public Health and Epidemiological Inspection Commission. Citing the data of Ural scientists, V. Ignatyev asserts that in particular, the Chernobyl cloud reached Chita as early as on 3 May 1986.

In addition the specialist communicated that several months after the Chernobyl catastrophe 230 tonnes of "contaminated" meat were shipped from Belarus to a Chita meat packing plant, and over the course of two years the enterprise processed this dangerous raw material and fed Chita's inhabitants radioactive cutlets and sausage.

### High Tuberculosis Incidence in Kazakhstan

93WE0259E Almaty *KAZAKHSTANSKAYA PRAVDA*  
in Russian 7 Nov 92 p 3

[Text] Many talented and experienced specialists are toiling in the Kazakh Scientific Research Institute of Tuberculosis, which turned 60 years old this year. They have enjoyed successes in treating and preventing this infectious disease, which was rather widespread over Kazakh steppes. However, not only our doctors but also those of the entire world have found it impossible to eradicate this social evil completely.

Today, there are 64 tuberculosis patients for every 100,000 of the republic's inhabitants. This indicator is especially high in Atyrau, Kzyl Orda and West Kazakhstan oblasts. This is an indication that the incidence of the disease is directly associated with social conditions and the ecological situation in the region. This indicator is very low in countries with better social conditions. In Great Britain, for example, there are 12 patients for every 100,000 inhabitants, while in America there are only nine.

Consequently tuberculosis prevention is a matter not only for medical personnel but also for those involved in social protection of the population.

### Flu Epidemic Expected in St. Petersburg

93WE0259H Moscow *KOMMERSANT-DAILY*  
in Russian 30 Jan 93 p 20

[Text] In the opinion of epidemiologists St. Petersburg is on the brink of an influenza epidemic: Morbidity among the city's citizens has fluctuated over the last several days within 12,000-14,000 persons per day. According to

predictions of specialists of St. Petersburg's influenza institute, the peak of the epidemic will probably fall in February, and according to tentative data it will afflict around 10 percent of St. Petersburg's inhabitants. Doctors have concurrently documented a sharp increase in the incidence of diphtheria: A second adult has already died in St. Petersburg as a result of the ailment.

#### **Surge in Hepatitis B Cases in Aktau**

93WE0259I *Almaty KAZAKHSTANSKAYA PRAVDA*  
in Russian 12 Dec 92 p 2

[Article by Olga Kovalenko: "Killer Virus From Aktau"]

[Text] One hundred eight cases of hepatitis B were documented in 9 months of this year in Aktau, while in all of last year there were 100 such cases.

The virus causing this disease is characterized by the fact that it is transmitted only through blood, and it infects humans as a rule through unsterilized medical instruments. The capacity of the small central sterilizing unit that is supposed to process the medical instruments of all of the city's hospitals has long been lacking.

And there is no money to build a new one. Furthermore, modern medicine is now turning to disposable instruments. However, there are not enough disposable syringes, blood transfusion systems and surgical gloves in the city's hospitals and polyclinics. This situation threatens the health and lives of not only patients but also the doctors themselves.

Recently a medical worker from the resuscitation department of a medical unit of a large industrial enterprise died of hepatitis B. He was 23 years old.

#### **Hepatitis Outbreak in Yakutia**

##### **Over 100 Hospitalized**

93WE0259M *Moscow KOMMERSANT-DAILY*  
in Russian 12 Feb 93 p 14

[Text] A hepatitis outbreak was registered in Suntarskiy Rayon, Sakha (Yakutia) Republic. Yesterday 103 persons were hospitalized in the republic with signs of illness. Another 40 persons are undergoing outpatient care. All public functions have been cancelled in the rayon in connection with the outbreak of disease. Pre-school and educational institutions are closed.

##### **Total of 170 Cases**

93WE0259P *Moscow NEZAVISIMAYA GAZETA*  
in Russian 19 Feb 93 p 2

[Text] According to a report from Chomchoyeva, chairman of the GKChS [not further identified] of the Sakha (Yakutia) Republic, 170 hepatitis patients have been revealed in Suntarskiy Rayon. Ninety-four persons have been hospitalized, including one in severe condition. According to the same information 112 persons

with moderately severe hepatitis were revealed in the republic's Nyurbinskiy Rayon. Five epidemiologists are working in the rayons. The health minister of the Sakha Republic will fly to Suntarskiy Rayon today to supervise the efforts to eliminate the disease.

#### **Street Vendor Food Products Contaminated**

93WE0259J *Moscow TRUD* in Russian 16 Feb 93 p 1

[Article by Yevgeniy Grigoryev: "Merchants of Infection"]

[Text] There are more commercial stalls in Kazan than you can count. However, not only are the food products they sell insanely expensive, but also they can present a real threat to health. This was the conclusion reached by a commission of the city epidemiological service, which inspected over a hundred permanent and sidewalk stalls.

Not one of the samples taken by doctors for laboratory testing was supported by either a declaration or a quality certificate. Customers are often offered goods that are clearly outdated. So-called conditionally pathogenic bacteria have been detected in cured meats, and the alcoholic content of alcoholic beverages is clearly lacking, though they do contain more than enough synthetic dyes and other undesirable ingredients. Licenses are issued to stall owners without regard for the possibilities of organizing normal trade—there is no refrigeration or running water, and vendors do not enjoy adequate conditions for personal hygiene. Given that conditions are so blatantly unsanitary and that rodents are so abundant, it is quite easy to catch an infection from these commercial stalls.

#### **Typhoid Fever Confirmed in 35**

93WE0259Q *Moscow NEZAVISIMAYA GAZETA*  
in Russian 18 Feb 93 p 2

[Text] Makhachkala. The Russian Federation GKChS [not further identified] is watching a typhoid fever epidemic in Dagestan. As of 0700 on 16 February, 107 persons including 37 children were hospitalized in Dagestan's Gergebiyskiy Rayon. The diagnosis was confirmed in 35 persons.

#### **Typhoid Fever in Dagestan**

93WE0259O *Moscow NEZAVISIMAYA GAZETA*  
in Russian 19 Feb 93 p 2

[Text] One hundred fifteen typhoid fever patients, including 41 infants, have been revealed in the Republic of Dagestan (of these, four are seriously ill, 12 are moderately ill, and 99 have the mild form). It was reported by the press center of Russia's GKChS [not further identified] that the diagnosis was confirmed in the laboratory for 59 patients. Quarantine measures are being implemented.



## IRELAND

## Health Department Reports on Services, Diseases

## Spending, Other Matters

93WE0302A Dublin IRISH INDEPENDENT  
in English 25 Jan 93 p 16

[Article by Eilish O'Regan]

[Excerpt] The number of publicly-funded acute hospital beds around the country has dropped by 3,000 since 1986.

Department of Health figures show also, however, that the rate of discharging patients in regional hospitals has increased significantly.

In 1991 there were 13,806 publicly-funded acute beds and 5,571 discharges of patients after an average stay of 6.8 days.

The main effect of the decrease in bed numbers has been a rise in the number of people waiting for operations—an estimated 36,400 are now on waiting lists.

Another effect has been the closure of wards and the treatment of men and women in the same wards in some cases.

Health spending peaked in 1980 when it accounted for 7.79 percent of gross national product. It plummeted to a low of 6.2 percent in 1989.

In 1991 £1.63 billion was spent, 6.72 percent of GNP. The estimated expenditure this year will be £1.8 bn.

The figures also shed light on the nation's health. The number of measles cases notified nationally fell rapidly in the latter part of the 1980s, from a peak of 10,000 in 1985 to a low of 135 in 1991.

There was an increase in the number of TB cases notified in 1989, following a long period of decline.

In the Eastern Health Board (EHB) 42 percent of deaths were due to diseases of circulation, including heart conditions, and 27 percent to cancer. These figures were below the national average.

The infant mortality rate in 1991 in the EHB was nine per 1,000 live births—slightly above the national average.

Ireland still has the highest birth rate in the EC at 15 per 1,000 population. Nationally, 16.6 percent of births were to unmarried mothers but the figure was much higher in the EHB area, at 22.4 percent.

An estimated 66,835 people were employed in the health services in Ireland at the end of 1990. Of the 38,019 employed by health boards 20 percent worked for the EHB.

On average each person covered by a medical card received around 12 prescriptions in 1990, up from eight in 1983.

In the EHB area 93 percent of the population receives fluoridated water compared to 67 percent nationally. [Passage omitted]

## Mad Cow Disease Forces Destruction of Herd

93WE0301 Dublin IRISH INDEPENDENT in English  
27 Jan 93 p 15

[Article by Dick Cross]

[Text] Four-hundred award-winning cattle in a West Cork herd will have to be put down because of a confirmed outbreak of the "Mad Cow" disease, BSE.

The herd is worth around £350,000 and the Department of Agriculture confirmed last night that agreement had been reached with the herd owner on compensation figures.

The herd is located, it is believed, in the Skibbereen area and the first signs of positive infection became known last month. In accordance with Department regulations, the cattle were isolated as further tests were carried out and confirmed.

Bovine Spongiform Encephalitis (BSE) affects the brain and central nervous system of animals and stumbling movements give the first indication of contamination.

The Department of Agriculture said last night that the prevailing evidence was that BSE arose from the feeding of UK meat and bone meals derived from "scrapie" infected sheep. Excluding such feed would eliminate the problem.

The West Cork farmer is now understood to be availing of the special Department of Agriculture "depopulation" scheme to humanly slaughter the cattle and dispose of the carcasses in controlled conditions.

The news that the herd is to be slaughtered after one animal tested positive for BSE comes just as the Irish meat industry is beginning to haul itself back into markets lost due to the disease, writes Frank Mulrennan, Agriculture Editor.

That our access to vital Middle East and north African markets was curtailed in the first place was a travesty of justice, since this latest outbreak in Co. Cork brings to just 64 the number of BSE affected animals detected in this country since 1989.

It pales into insignificance with the 25,000 plus cases found in Britain to date while more than 170 cases have been detected in Northern Ireland.

Of some encouragement is the fact that this West Cork herd is one of the 18 detected in 1992. Much the same number was found in 1991. None has been found to date in 1993. This may indicate a slowing down in the rate of infection.

The Department of Agriculture and Food remains confident that its voluntary depopulation of the full herd is the right policy and has paid out £4.5m to date in compensation.

The complete banning of all animal byproduct importation for use as feed, first imposed in July 1991, is also still in place.

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